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## RECEIVED

AUG 0 9 2006

CERTIFICALE OF NEED PROGRAM
DEPARTMENT OF HEALTH

August 8, 2006

Janis Sigman, Manager
Certificate of Need Program
Office of Certification and Enforcement
State of Washington Department of Health
310 Israel Road SE
Building 4, Floor 3
Tumwater, WA 98501-5447

Dear Ms. Sigman:

In accordance with WAC 246-310-080, DaVita Inc. hereby submits a letter of intent regarding its intention to apply for a certificate of need to add six dialysis stations to the Kent Community Dialysis Center. In conformance with the requirements of WAC, the following information is provided:

## A Description of the Extent of Services Proposed:

DaVita Inc. intends to operate the additional six dialysis stations at the Kent Community Dialysis Center, 21501 84<sup>th</sup> Avenue South, Kent, WA 98032. DaVita will provide and support hemodialysis, peritoneal dialysis and home hemodialysis.

## Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is estimated to be \$146,386.00

## <u>Description of the Service Area:</u>

The service area is the same service area for the Kent Community Dialysis Center.

Thank you for your support in this matter.

Sincerely,

Heather Ashbaugh (

Regional Operations Director